

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	7-29
O.I.P.E. CLASSIFIER		12	7/30/94
FORMALITY REVIEW		64934	82690

INDEX OF CLAIMS

✓ Rejected N Non-elected
 Allowed I Interference
 - (Through numeral) Canceled A Appeal
 - Restricted O Objected

Claim	Date
Final	
Original	1-12-97
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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